

CRITERIA FOR DISPENSING NUTRITIONAL SUPPLEMENTS

The following are potential situations where commercial nutritional supplements could be considered medically indicated.

Patient must meet at least two (2) criteria listed below.

(Consultation with a Registered Dietitian/Nutritionist for nutritional assessment and a Letter of Medical Necessity are required.)

Please check all that apply:

- ☐ Current body weight < 10% IBW/UBW
- ☐ Weight loss of:
 - 5% of the initial/baseline weight over the past month -OR-
 - 7.5% over the past 3 months -OR-
 - 10% weight loss within the last 6 months
- ☐ Body Cell Mass (BCM) < 40% (MALES) or BCM < 35% (FEMALE) of IBW
- ☐ Body Mass Index (BMI) < 20
- ☐ Recent illness/hospitalization that will interfere with patient's ability to consume or tolerate adequate non-supplemental nutrition
- ☐ Diarrhea/malabsorption with > 3 large, liquid stools/day
- ☐ Dysphagia and/or odonyphagia where commercial supplements are the only source of nutrition tolerated
- ☐ Serum albumin < 3.5 g/dl
- ☐ Failure to gain/maintain weight in the past when following a dietary regimen to promote weight gain
- ☐ Inadequate living conditions or inability to buy/prepare meals
- ☐ Inability to understand and or follow nutritional recommendations

NUTRITIONAL PLAN FOR SUPPLEMENTS

I. INITIAL Consultation:

Date: _____ Weight: _____

Patient assessed/instructed by Registered Dietitian/Nutritionist: **(Please check the appropriate box)**

- ☐ Nutritional supplements **recommended** ☐ Nutritional supplements **NOT** recommended

II. FOLLOW-UP Visit:

Date: _____ Weight: _____

Patient re-assessed for progress: **(Please check the appropriate box)**

- ☐ Nutritional supplements **continued** ☐ Nutritional supplements **discontinued**

III. ADDT'L FOLLOW-UP Visit:

Date: _____ Weight: _____

Patient re-assessed for progress: **(Please check the appropriate box)**

- ☐ Nutritional supplements **continued** ☐ Nutritional supplements **discontinued**